

BELIEFS ABOUT PSYCHOLOGICAL SERVICES HELD BY THE
RESERVE OFFICERS' TRAINING CORPS POPULATION

A THESIS

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CHAPTER I- INTRODUCTION

Beliefs about Psychological Services

Held by the Reserve Officers' Training Corps Population

Little research has focused on psychological help seeking attitudes in the Reserve Officers' Training Corps (ROTC) population. This group of individuals is unique as they are both students and members of the United States military, and thus face the pressure that comes from both groups. As members of the ROTC population belong to both the college and military population, it is important to realize that they may have distinctive attitudes towards seeking psychological services.

With 30-50% of people experiencing a mental disorder in their lifetime, it is essential for researchers to ensure that everyone is getting treatment (Mackenzie, Gekoski, & Knox, 2006). Despite this high prevalence rate, only one third of those who have a mental disorder ever seek psychological services (Gould, Greenburg, & Hetherington, 2007; Shaffer, Vogel, & Wei, 2006). Researchers often study the attitudes of a population, with the intention on finding what keeps the group from seeking mental health treatment. The hope is that if studies can show why a certain population does not seek treatment, then practitioners can work to make the necessary changes in outreach to make services more alluring for members who would benefit from treatment (Cellucci,

Krogh, & Vik, 2006; Shaffer et al., 2006). However, in order for attitudes to be changed, studies need to first critically

analyze the dynamics that make up the attitudes of the population of interest.

The focus of this study will be on the Reserve Officers' Training Corps (ROTC) population, as few researchers have examined the beliefs about psychological services held by this group. As members of ROTC are both college students and members of the military, and since there has been no research on the ROTC population specifically, it becomes necessary to examine the beliefs about mental health treatment held by these two groups. In this study, the beliefs about psychological services held by ROTC individuals will be compared with the beliefs of the general college student population. It is expected that students in ROTC will have less favorable attitudes towards psychological help seeking than general college students, as they may have additional barriers to treatment because of their involvement with the military. Gender will also be analyzed in the study, with the hypothesis that men will have less favorable attitudes than women regardless of participation in ROTC. The results of this study should provide important research and practice implications for an understudied group that is often plagued by mental health concerns.

CHAPTER II- LITERATURE REVIEW

Perceived Expertness in College Students

College students may lack confidence in psychological services, and believe that even if they were to seek treatment there would be little benefit. The decreased ability of the student to recognize that they have a problem worth seeking treatment has also been implicated as a factor that may influence a college student's attitudes about seeking mental health treatment. As a result, college students are often unsure of how they could best utilize psychological services, and are therefore less likely to recognize any possible gain they may obtain through treatment (Cellucci et al., 2006).

Stigma Tolerance in College Students

Stigma is one of the largest factors that often prevent students from seeking treatment (Cellucci et al., 2006). Members of society are familiar with the stigma that comes with obtaining psychological services, and are hesitant to obtain treatment for themselves fearing that they too may face similar ridicule. Researchers have found in several studies that the fear of stigma is a predictor of more negative attitudes towards psychological services, and of reluctance to obtain treatment (Ludwikowski, Vogel, & Armstrong, 2009; Moran, 2007; Shaffer et al., 2006; Vogel, Wade, & Ascherman, 2009).

The interaction between stigma and beliefs about psychological services may be more complicated than originally thought. According to Ludwikowski et al. (2009), there may be different types of stigma that interact to form the total stigma that an individual has

towards mental health treatment. In this theory, the typical stigma that is often discussed in literature is defined as public stigma, which is the negative view that the public tends to hold towards counseling. A second type of stigma, termed personal stigma, consists of the beliefs about mental health treatment that are held by those that one consistently interacts with. Self-stigma, the final type, is the beliefs held by a person that they are less acceptable if they seek treatment.

Ludwikowski et al. (2009) argues that external stigmas, which are the public and personal stigmas, can be internalized and play a substantial role in shaping the self-stigma. People may thus have different beliefs about counseling because although they may share the same public stigma, the personal stigmas they face may be entirely different as some families and friends may be supportive of counseling (Ludwikowski et al., 2009). Vogel et al. (2009) found that personal stigma might be especially influential in the development of the self-stigma, as it comes from people to which the individual is particularly close (Vogel et al., 2009). Since college students tend to have unfavorable attitudes towards psychological services, individuals that are coming into college are likely to form a personal stigma that is also unfavorable. This then continues the cycle of college students having less positive beliefs about psychological services than the general population.

Intentions to Seek Psychological Services in College Students

College students may often benefit from receiving psychological services as they may struggle with several psychologically upsetting events, including the adjustment that comes with the transition of switching from high school to college (Elhai & Simons, 2007; Rubio & Lubin, 1986; Oliver, Reed, Katz, & Haugh, 1999). If students do not seek

necessary treatment, they may be in jeopardy of suffering from more serious psychological problems or burnout in the future (Spencer, 2005). Oliver et al. (1999) found that those students who do seek treatment often benefit, however, the majority of college students do not seek formal sources of help for psychological problems. Most students instead feel more comfortable seeking help from informal sources of support such as friends, family, clergy, and educators (Oliver et al., 1999).

Perceived Expertness in Men

Numerous studies have found that gender significantly influences an individual's beliefs in the efficacy of psychological services (Oliver et al., 1999). Although men actually appear to disproportionately suffer from problems with shorter life spans, substance abuse, sexual disorders, antisocial tendencies, higher rates of suicide, and behavioral disorders as compared to women (Levant, Wimer, Williams, Smalley, & Noronha, 2009), men are less likely to recognize problems that may benefit from treatment (Ang, Lim, Tan, & Yau, 2004; Mackenzie et al., 2006). According to Ang et al. (2004), men may have less favorable attitudes towards psychological help seeking as compared to women because of modest confidence in their counselor, and in the effectiveness of mental health treatment (Ang et al., 2004).

Stigma Tolerance in Men

The stigma that is associated with mental health counseling may be one of the largest reasons for men not wanting to seek treatment. Although women also experience this stigma, it is more likely to be distressing for men (Cellucci et al., 2006; Ludwikowski et al., 2009). This may in part be because men appear to have a lower tolerance for this stigma (Steinfeldt, Steinfeldt, England, & Speight, 2009). Men may internalize public

stigma to a greater degree than women, which could then negatively affect their self-stigma. This would result in men having a self-stigma that does not favor seeking mental health treatment (Ludwikowski et al., 2009).

Another theory that is gaining increasing amounts of attention is that men may experience a greater amount of distress from stigma than woman, because of the traditional gender roles that state men should be strong and independent (Ludwikowski et al., 2009). Men may feel that seeking mental health treatment does not fit into the traditional idea of masculinity, because getting help would be admitting that they cannot fix their own problems. Studies have found that greater adherence to traditional masculinity ideology predicts less favorable attitudes towards psychological services (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Levant et al., 2009), as well as a decreased probability that the individual will actually seek mental health treatment (Smith, Tran, & Thompson, 2008).

Intentions to Seek Psychological Services in Men

Several studies have found that men are less likely than women to seek mental health treatment (Berger et al., 2005; Elhai & Simons, 2007; Mackenzie et al., 2006; Moran, 2007; Smith et al., 2008). Men may be only one third of those who obtain mental health treatment (Smith et al., 2008). There are several theories as to why men underutilize psychological services.

Smith et al. (2008) proposed the Theory of Planned Behavior (TPB) as a way to understand the relationship between the traditional masculinity ideology and intent to seek psychological help. This theory states that attitudes towards a specific behavior largely influence the level of intent to perform the action. In TPB, attitudes are shaped by

both subjective norms and their perceived behavioral control. Subjective norms are the person's perceived positive and negative results of engaging in an action, while perceived behavioral control is best thought of as the level of difficulty of executing a behavior (Smith et al., 2008).

Men's negative subjective norms about counseling may be that obtaining mental health will not be beneficial and that they may face negative consequences in terms of stigma. Men may also believe that engaging in therapy will be threatening to their role as a man. They may be unsure of how they will deal with a situation where the therapist has the control, as this goes against the traditional masculinity ideology of independence and domination (Berger et al., 2005). In addition, men may be reluctant to seek treatment as those who obtain psychological services are often termed weak, which is in direct conflict with the ideal of appearing strong which is important in the traditional masculinity ideology (Smith et al., 2008).

Men's perceived behavioral control may also lead to negative beliefs about mental health treatment. They may feel that engaging in therapy will be difficult, and thus are hesitant to seek treatment. One thing that may make therapy difficult for men is that they may be worried about expressing emotions. Sharing emotions, especially if the counselor is male, may be perceived as unmanly. They may also fear growing close to a male counselor, as they may think that this type of emotional relationship is similar to homosexuality. This fear of sharing may sometimes stem from men who suffer from alexithymia, which can be thought of as a difficulty feeling and expressing emotions (Berger et al., 2005). As a result of the subjective norms and perceived behavioral control that men may have regarding the action of seeking mental health treatment, especially

when they hold strong traditional masculinity ideology, they may develop less favorable attitudes towards psychological services.

Perceived Expertness in the Military

Soldiers often lack confidence in mental health practitioners, feeling that a counselor may not be able to relate to the unique experience they acquire in the military (Visco, 2009). Shaffer et al. (2006) found that service members perceive fewer benefits from treatment, and a higher level of risk involved in seeking counseling. As a result of these expectations, service members are less likely than men in general to hold positive attitudes regarding psychological services and to seek psychological treatment (Shaffer et al., 2006).

Stigma Tolerance in the Military

Fear of stigma may be the most common reason why service members have unfavorable beliefs about counseling (Shaffer et al., 2006; Visco, 2009; Vogel et al., 2009). In some cases, this stigma can be more damaging to the individual than the original reason to seek mental health treatment (Gould et al., 2007). This leads members of the military who have tribulations that they perceive as minor to avoid treatment, as they may worry about stigma exacerbating their level of problems.

The perceived risk of stigma is higher when it comes from within the individual's inner circle, because the service member may care more about what their friends and family think. Since the military is an environment with a powerful stigma against seeking counseling, soldiers are in a social group that leads to the development of unfavorable beliefs about psychological services (Gould et al., 2007; Smith et al., 2008; Vogel et al., 2009). Over ninety percent of people who go on to seek counseling first talked to

someone within their inner circle to see if they thought counseling would be beneficial.

From this one can see that if people engage in a social group that does not favor mental health treatment, such as members of the military, individuals are likely to receive feedback that does not support going to seek counseling (Vogel et al., 2009).

Intentions to Seek Psychological Service in the Military

Members of the military often have negative beliefs about psychological services, and a reluctance to seek mental health treatment. Studies have found that although people in the military experience similar amounts of distress as compared to those outside the military, soldiers are less likely to utilize treatment. This shows that there appear to be some additional obstacles that keep members of the military from seeking treatment (Rowan & Campise, 2006).

There are also several perceived risks associated with seeking mental health for service members. Members of the military may worry about confidentiality, and fear that if they were reported to have seen a counselor it may put their career in jeopardy (Gould et al., 2007; Rowan & Campise, 2006; Visco, 2009). A study from the Department of Defense found that almost half of those surveyed would be reluctant to seek mental health treatment because they believed it would have negative career ramifications. Fortunately, soldiers who are self-referred to counseling often suffer little to no impact on their career (Rowan & Campise, 2006). In fact, the majority of military leaders support service members who seek counseling (Adler et al., 2008). However, despite this finding, members of the military are reluctant to seek treatment on their own accord, and are even hesitant to seek psychological treatment after a referral (Gould et al., 2007). Service members are especially hesitant in seeking psychological services if they are

experiencing either severe symptoms or a multitude of symptoms (Visco, 2009). This is possibly because soldiers may worry, if they perceive their symptoms as severe, that they may be discharged from the military.

Although previous studies have found that members of the military generally have less favorable beliefs about psychological services, little research to date has been done on members of the ROTC population. A lack of research in this area may prove costly as this group may, as a result of additional stressors related to their involvement with the military, be in great need of such services. This study will attempt to fill the gap in current research literature, as most past studies have only analyzed beliefs about psychological services in either the general college student population or the military population. As a result of this study researchers should gain a better understanding of the attitudes towards mental health of ROTC members, which may lead to being able to more successfully treat such clients.

Study Hypotheses

1. The overall hypothesis of this study is that there will be differences in beliefs about psychological services, assessed using the BAPS scale, based on both gender and involvement with the ROTC program. In addition, there are several ways in which these differences are hypothesized to occur.
 - a. One hypothesis of this study is that college students in ROTC have less favorable attitudes towards psychological services than college students in the general population, as measured by the Beliefs About Psychological Services (BAPS) scale.

- i. Students enrolled in ROTC will have lower scores than students in the general college student population on the Expertness subscale of BAPS.
 - ii. Students in the ROTC program will score significantly lower than students in the general college student population on the Stigma Tolerance subscale of BAPS.
 - iii. Students who participate in the ROTC program will score significantly lower than students in the general college student population on the Intent subscale of BAPS.
- b. A secondary hypothesis in this study is that men will have less favorable beliefs towards psychological services than women, regardless of their participation in ROTC.
 - i. Male college students will have lower scores on the Expertness subscale of BAPS than female college students, regardless of their participation in ROTC
 - ii. Male college students will score significantly lower than female college students on the Stigma Tolerance subscale of BAPS, regardless of their participation in ROTC
 - iii. Male college students will score significantly lower than female college students on the Intent subscale of BAPS, regardless of their participation in ROTC

CHAPTER III- METHODS

Participants

This quasi-experimental study looked at the beliefs about psychological services of participants in the ROTC program and students in the general college population. The study used a 2 X 2 factorial design. All participants were between the ages of 18-25. The participants were recruited from Ball State University (n=116, 85.3%), Indiana University-Bloomington (n=14, 10.3%), Purdue University-West Lafayette (n=1, 0.7%), Indiana State University (n=1, 0.7%), and Indiana University-Purdue University Indianapolis (n=2, 1.5%). The use of several schools' ROTC programs allowed the study to collect a sample large enough to perform the desired statistics. Although the students came from different schools, all five schools are public schools in Indiana and are similar in that regard. Additional demographic information is provided in the Results section.

Instruments

Beliefs About Psychological Services. All participants were given the Beliefs about Psychological Services (BAPS) scale. Aegistottir & Gerstein (2009) designed BAPS to improve upon some perceived flaws in the Attitudes toward Seeking Professional Psychological Services (ATSPPH) scale. Specifically, BAPS looked to address some wording problems, including the use of “psychiatrist”, “counselor” and

“psychologist” as the same concept. Recent studies have also began to question the validity of the ATSPPH. BAPS is a recent scale, but has been shown to have high internal consistency reliability, as measured by Cronbach’s alpha. The scale has also been demonstrated to have high convergent validity (0.83), as it highly correlates with the ATSPPH. There is a low correlation between BAPS and M-C SDS, which demonstrates a high measure of divergent reliability (Aegistottir & Gerstein, 2009). As a result of these recent findings, this study will use BAPS to measure attitudes towards psychological help seeking.

BAPS is an 18-item questionnaire with each item rated by the participant on a 1 to 6 likert scale. A 1 on the scale is labeled strongly disagree, and a 6 is rated strongly agree. If a participant selects strongly agree this generally reflects more favorable beliefs towards psychological services, however seven questions are reverse scored and for these questions a participant selecting strongly agree would reflect less favorable attitudes towards mental health treatment. The items that are negatively worded, and thus need to be reverse scored, are questions 5, 8, 10, 11, 13, 15 and 17. To total a participants score the researcher adds up the numbers that the participant selected for one of the subscales, making sure to reverse score the questions for which this is necessary, and from this gets a total score for that subscale. They must then divide the total score by the number of questions in that subscale to obtain an average score. This must then be done for the other two subscales as well, and if desired a total BAPS score can be obtained by finding an average of the ratings of all the questions.

BAPS is divided into three subscales; Expertness, Stigma Tolerance, and Intent. The Expertness subscale is the beliefs in the benefits of mental health treatment. An example

question from BAPS is “Psychologists provide valuable advice because of their knowledge about human behavior” (Aegistottir & Gerstein, 2009, p. 206). Questions 7, 9, 14 and 16 are in this subscale. The Stigma Tolerance subscale in BAPS is the degree to which an individual can handle the perceived stigma that comes with seeking psychological services. An example of this subscale from BAPS is “I would feel uneasy going to a psychologist because of what some people might think” (Aegistottir & Gerstein, 2009, p. 205). Questions 5, 8, 10, 11, 13, 15, 17 and 18 are in this subscale. The last subscale, Intent, is the degree to which the individual plans to seek help. One example question for this subscale from BAPS is “I would be willing to confide my intimate concerns to a psychologist” (Aegistottir & Gerstein, 2009, p. 205). This subscale looks at both formal and informal sources of help. Questions 1, 2, 3, 4, 6 and 12 are in this subscale. The three subscales can be added together to form a total score, but all three subscale scores illustrate a great deal of data independently. For the purpose of this study, the three subscale scores were analyzed, as well as the total score, as this may illustrate a more detailed picture of the relationship between the independent and dependent variables.

Procedure

To recruit participants for the general college group the primary researcher contacted instructors of introductory psychology classes, and requested that they relay the information about the study on to their current students. Students then had the ability to go online to take the survey, as their instructor gave them the link to the questionnaire. The primary researcher had no contact with the participants prior to the beginning of the study. A similar method was used to recruit subjects from the ROTC population. The

only difference between contact methods of the two sample groups is that for the ROTC group the instructors who were contacted were professors in the department of military science.

All questionnaires were uploaded to Survey Gizmo prior to sending out recruitment letters to instructors. Survey Gizmo was used to allow subjects to complete the Beliefs about Psychological Services (BAPS) scale online. Prior to taking the questionnaire, they were shown an informed consent, which assisted them in making a decision as to whether they would like to participate. They were then asked to answer several demographic questions, followed by the administration of the 18-item questionnaire. At the completion of the BAPS, they were instructed that they can email the primary researcher if they would like to participate in the drawing for one of five 10-dollar online gift cards to amazon.com or if they would like to obtain CPSY research credit. The study concluded with a debriefing statement. This statement thanked them for their participation, briefly explained the purpose of the study, provided the participants with contact information of the primary researcher in case they had any questions or would like to learn about the results at the conclusion of the study, and explained the procedure for obtaining a chance to enter the raffle or obtain research credit.

CHAPTER IV- RESULTS

Sample Demographics

The sample consisted of 136 participants. The majority of the participants were female (n=98, 72.1 %), though it did include 38 male participants (27.9%). The sample consisted of individuals from a variety of races; Caucasians were represented more than any other racial group (n=119, 87.5%). See Table 1 for additional demographic information. The age range of the sample was from 18-25; three participants selected “Other.” The majority of the sample was between the ages of 20-22. The mean age of ROTC participants was 20.3 with a standard deviation of 1.5, while the mean age of general college participants was 21.1 with a standard deviation of 1.2. The sample came from a diverse group of students in regards to academic class standing. Participants provided information about their prior counseling experience. The results were the following: no previous counseling (n=73, 53.7%), yes, but only on one occasion (n=20, 14.7%), yes, on more than one occasion (n=41, 30.1%), and no response (n=2, 1.5%).

Of the 136 participants, 24 participants (17.6%) confirmed that they were members of a ROTC program. Seventeen (70.8%) of the participants in the ROTC program were female, and seven (29.2%) were male. Participants reported the number of years that they had been involved with the ROTC program. Responses indicated that the

largest group of participants had only been involved with the program for one year.

Twelve (50.0%) had been involved with the program for one year, five (20.8%) for two years, four (16.7%) for three years, and three (12.5%) had been involved with ROTC for four years.

In regards to prior military service, only 3 participants (2.2%) reported having served previously, with 57 participants (41.9%) reporting no prior service. A high number of participants ($n=76$, 55.9%) did not report an answer to this question, which was a direct result of the question being added to the questionnaire at the midway point in the data collection process. For the same reason there were also a high number of participants ($n=80$, 58.8%) who did not report an answer to the question regarding if they had an immediate family member who currently serves in the military. Of those remaining participants 10 reported they did have a family member serving (7.4%), and 46 participants (33.8%) reported they did not. Originally the design of the study did not call for these questions to be added to the questionnaire, but after the questionnaire was made it was decided that this could be valuable information as it could impact beliefs about psychological services. Unfortunately, the survey was active online before the revisions could be successfully passed through the IRB. Thus, the questions were not added prior to the start of data collection. If these questions had been added earlier, the analysis of the impact of prior service on beliefs about psychological services may have been important to the conclusions of this study.

Table 1: Sample Demographics

<u>Race</u>	<u>N</u>	<u>%</u>
Caucasian	119	87.5
Asian/Pacific Islander	2	1.5
Black	6	4.4
Hispanic	4	2.9
"Other"	4	2.9
No Response	1	0.7
<u>Age</u>	<u>N</u>	<u>%</u>
18	1	0.7
19	17	12.5
20	31	22.8
21	38	27.9
22	34	25
23	9	6.6
24	1	0.7
25	2	1.5
"Other"	3	2.2
<u>Class Standing</u>	<u>N</u>	<u>%</u>
Freshman	11	8.1
Sophomore	33	24.3
Junior	46	33.8
Senior	46	33.8
<u>Academic Major</u>	<u>N</u>	<u>%</u>
Business	5	3.7
Humanities	10	7.4
Military Science	3	2.2
Natural Sciences	10	7.4
Psychology	42	30.9
Social Work	9	6.6
Undecided	1	0.7
"Other"	56	41.2

Data Analysis

Prior to looking at the impact of the independent variables on the dependent variables, correlation analyses were conducted to look at the relationship between the

three subscales of BAPS and the total BAPS score. The correlation between the Expertness subscale and the Stigma Tolerance subscale was $r = .487$, the correlation between the Expertness subscale and the Intent subscale was $r = .712$, and the correlation between the Stigma Tolerance subscale and the Intent subscale was $r = .591$. The correlations between the Expertness subscale, the Stigma Tolerance subscale, and the Intent subscale to the BAPS total score was $r = .807$, $r = .834$, $r = .911$ respectively. See Table 2 for correlations for BAPS subscales and total BAPS score. These correlations are similar to those that have been found in previous research studies. (Aegistottir & Gerstein, 2009)

A 2 x 2 MANOVA was performed to determine the effect of ROTC participation and gender on the dependent variables of the three subscales and total score of BAPS. Prior to running the statistics, the appropriate assumptions were examined.

Table 2: Correlations for BAPS subscales and total BAPS score

	1	2	3	4
1. Expertness		0.487	0.712	0.807
2. Stigma Tolerance			0.591	0.834
3. Intent				0.911
4. Total Score				

The assumption of a random sample was met with some skepticism, as the sample came from ROTC and general college students who volunteered to take part in the study. The students who opted to take part in the study, may be in some way different from the students who decided not to participate. The assumption of independence was met, because each participant's score was independent of any other score. The assumption of

normality was met as the skewness and kurtosis statistics for each subscale and for the BAPS total score were all within ± 1 . Results of Box's M test indicated the assumption of homogeneity of variance was met in this study (Box's $M = 11.658, p = 0.088$). The residual covariance matrix was not proportional to an identity matrix, as the results of Bartlett's Test of Sphericity was significant ($p = .000$).

Results from the MANOVA revealed a non-significant interaction effect between ROTC participation and gender on the combined DV of the three BAPS subscales and total BAPS score Wilks' $\lambda = .964, F(3, 122.000) = 1.526, p = .211, \eta^2 = .036$. Power to detect the effect was .395. See Table 3 for means and standard deviations of BAPS subscale scores sorted by ROTC participation and gender. The main effect of gender on the combined DV of the three BAPS subscales and total BAPS score was also not significant Wilks' $\lambda = .965, F(3, 122.000) = 1.467, p = .227, \eta^2 = .035$. Power to detect the effect was .380. This result does not support the second hypothesis of this study, that men would have significantly less favorable beliefs about psychological services than females regardless of ROTC participation. Although the interaction effect and main effect of gender were not significant, the main effect of ROTC participation on the combined DV of the three BAPS subscales and total BAPS score was significant at $p < .001$, Wilks' $\lambda = .830, F(3, 122.000) = 8.324, p = .000, \eta^2 = .170$. Power to detect the effect was .992.

Since the main effect of ROTC participation on the combined dependent variables was significant, further analysis was done to look at the effect of ROTC participation on each dependent variable individually. See Table 4 for means and standard deviations of BAPS subscale scores for students in the ROTC program and students in the general

college population. The impact of ROTC participation on the Expertness subscale was significant at the $p < .005$ level, $F(1) = 8.808$, $p = .004$, $\eta^2 = .066$.

Table 3: Means & standard deviations, ROTC participation and gender

<u>BAPS</u> <u>Subscale</u>	<u>ROTC</u> <u>Male</u> <u>(n = 10)</u>		<u>ROTC</u> <u>Female</u> <u>(n = 12)</u>		<u>General College</u> <u>Male</u> <u>(n = 25)</u>		<u>General College</u> <u>Female</u> <u>(n = 81)</u>	
	Mean	(SD)	Mean	(SD)	Mean	(SD)	Mean	(SD)
Expertness	16.900	(4.581)	16.667	(4.774)	19.360	(3.303)	18.901	(2.773)
Stigma Tolerance	27.000	(4.190)	31.167	(5.828)	35.040	(5.078)	34.778	(4.701)
Intent	21.200	(7.269)	22.000	(7.616)	25.480	(5.599)	25.815	(5.129)
Total	65.100	(13.924)	69.833	(17.330)	79.880	(12.544)	79.494	(10.015)

Power to detect the effect was .838. The main effect of ROTC participation on the Stigma Tolerance subscale was significant at the $p < .001$ level, $F(1) = 24.471$, $p = .004$, $\eta^2 = .066$. Power to detect the effect was .998. The impact of ROTC participation on the Intentions to Seek Psychological Services subscale was significant at the $p < .005$, $F(1) = 8.684$, $p = .004$, $\eta^2 = .065$. Power to detect the effect was .832. The main effect of ROTC participation on the BAPS total score was significant at the $p < .001$ level, $F(1) = 18.652$, $p = .000$, $\eta^2 = .131$. Power to detect the effect was .990.

These results support the first and most important hypothesis of this study that students enrolled in the ROTC program will have less favorable beliefs about psychological services than students in the general college population. The results of this study provide evidence that this is the case for the Expertness, Stigma Tolerance, and Intent subscales, as well as the BAPS total score. In other words, students in the ROTC

program, according to the results of this study, have lower perceived expertness of mental health practitioners, less tolerance to deal with the stigma associated with counseling, and fewer intentions to seek psychological services than students in the general college population.

Table 4: Means & standard deviations, ROTC participation

<u>BAPS</u> <u>Subscale</u>	<u>ROTC</u> <u>(n = 22)</u>		<u>General College</u> <u>(n = 106)</u>	
	Mean	(SD)	Mean	(SD)
Expertness	16.773 ⁺	(4.577) ⁺	19.009 ⁺	(2.897) ⁺
Stigma Tolerance	29.273 ⁺⁺	(5.461) ⁺⁺	34.840 ⁺⁺	(4.769) ⁺⁺
Intent	21.636 ⁺	(7.293) ⁺	25.736 ⁺	(5.218) ⁺
Total	67.682 ⁺⁺	(15.692) ⁺⁺	79.585 ⁺⁺	(10.603) ⁺⁺

⁺ $p \leq 0.005$ level, ⁺⁺ $p \leq 0.001$ level

CHAPTER V- DISCUSSION

Review of the Hypotheses/ Summary of Results

The first hypothesis of this study was that students enrolled in the ROTC program would have significantly less favorable beliefs about psychological services than students in the general college population on the Expertness subscale of BAPS, the Stigma Tolerance subscale, and the Intent subscale. The results of this study supported this hypothesis on all three levels, as the main effect of ROTC participation on each of the subscales was statistically significant. These results add evidence to the hypothesis that participating in ROTC may be related to additional barriers to mental health treatment.

Past research has shown that military involvement is related to reduced perceived expertness of mental health practitioners, decreased stigma tolerance, and lower intentions to seek future mental health services. Members of the military often perceive fewer benefits associated with counseling (Shaffer, Vogel, & Wei, 2006). Students participating in the ROTC program may similarly perceive counselors as not being able to relate to their unique stressors, and this may explain the lower scores on the Expertness subscale of ROTC students in this study. Past research has shown that military involvement is associated with increased stigma regarding seeking mental health services, as well as the development of unfavorable beliefs regarding counseling (Gould, Greenburg, & Hetherington, 2007; Smith, Tran, & Thompson, 2008; Vogel, Wade, &

Ascheman, 2009). It is possible that participation in the ROTC program similarly may be related to increased stigma regarding counseling, which would help explain the results of this study. Researchers have also previously shown that military involvement is associated with decreased use of counseling, despite increased need of services. These results are often explained by individuals in the military having additional obstacles that prevent them from seeking necessary mental health services (Rowan & Campise, 2006). Students participating in the ROTC program may similarly have additional obstacles resulting in them being less likely to seek mental health services, which would explain the result of a significantly lower score on the Intent subscale found in this study. Members of the military have also been shown to be less likely to seek counseling for fear of career ramifications, which may help to explain the lower scores on the Intent subscale found in this study (Gould, Greenburg, & Hetherton, 2007; Rowan & Campise, 2006; Visco, 2009).

The second hypothesis of this study was that males would have significantly less favorable beliefs about psychological services than females on the Expertness subscale of BAPS, the Stigma Tolerance subscale, and the Intent subscale. The results of this study did not support this hypothesis, as the main effect of gender on each of the subscales was not statistically significant. This is in contradiction to the results of most past studies, however, other researchers have found that gender is not always a significant predictor of beliefs about psychological services. Some past researchers have found that females are not significantly more likely than males to have greater intentions to seek mental health services (Mackenzie, Gekoski, & Knox, 2006). Explanations as to why the second hypothesis was not supported in this study are mixed empirical evidence of the

relationship between gender and beliefs about psychological services, the small sample size of male participants in relation to the number of female participants, and the effect of gender on beliefs about psychological services may not be as strong as ROTC participation.

Strengths of the Study

Perhaps the most significant strength of the study was that it fills a current gap in research. Although previous studies looked at the beliefs about psychological services of a variety of groups, including the military, no known past studies have examined these beliefs in the ROTC population. Since these students may have less favorable beliefs about mental health services, as supported by the results of this study, it is important for research to be conducted on this population independent of the general college population. Although this study looked at only the beliefs held by this group, and not specifically about how to increase the likelihood of ROTC students seeking counseling, it did serve as a start in the right direction. With the help of this study, future researchers may be inspired to look at replicating the findings of this study and additionally developing programs to foster more favorable beliefs about psychological services in the ROTC population.

An additional strength of this study was the use of the Beliefs About Psychological Services (BAPS) scale. Aegistottir & Gerstein (2009) designed BAPS to improve upon some perceived flaws in the Attitudes toward Seeking Professional Psychological Services (ATSPPH) scale. The use of BAPS in this study served as a strength, because it appears to be the most valid and reliable measure of beliefs about mental health services that currently exists. Additionally, the use of BAPS with an ROTC

sample enhanced the development of the scale as it provides researchers with data to which to compare the future results of studies conducted in the ROTC population.

A third strength of this study was the use of a relatively diverse sample. Participants varied greatly in terms of age, class standing, and academic major. The use of a diverse sample allowed the results of this study to better generalize to the general college population. Future studies should seek to continue to use a diverse sample.

Limitations/ Internal Validity of the Study

One limitation of this study was that the majority of students used to represent the general college population came from counseling courses. Students who voluntarily choose to take a course in counseling may be in some uniform way different from those students who did not. It is conceivable that students who took this class had an interest in counseling, and thus had more favorable beliefs towards psychological services. In fact, it is probably unlikely that a student with negative beliefs about psychological services would voluntarily decide to take a counseling course. For this reason, it is hard to know if the students used in the sample accurately represent the general college population. Further, if these students had more favorable beliefs towards psychological services than students in the general college population, then a comparison to the ROTC group may not have painted an accurate picture of the beliefs held by ROTC students. However, through analyzing the demographics information mentioned earlier, the students in the general college sample were working towards a wide variety of majors. This supported the use of these individuals to represent the general college population.

A second limitation of this study was that the results may not generalize outside of public schools located in Indiana. This study only included public universities

throughout the state of Indiana, and therefore may not be representative of universities located in other states. Additionally, since most participants attended Ball State University, it may even be difficult to generalize to other universities inside the state of Indiana.

Another limitation of the current study was that the sample size used was small ($n=136$). If the study had used a larger sample size, perhaps a more accurate picture of the relationship between the independent and dependent variables would have been found. Specifically, a larger sample size may have resulted in gender being significantly related to the three subscales of BAPS. A larger sample size also may have resulted in larger effect sizes, thereby showing a stronger relationship between variables. The sample size for ROTC students was significantly smaller than the general college population sample, resulting in comparisons being made between two very different sample sizes.

Due to the nature of this study, it is difficult to tell what led to the significant differences between the two groups. It is possible that students' participation in the ROTC program, as a result of nature of the program, led to less favorable beliefs about psychological services. This is in accordance with the hypotheses of this study, as it was predicted that this relationship would occur similar to the observed relationship that other studies have found regarding participation with the military. However, since only one measure was taken of the sample, it is impossible to conclude if these results came before or are the result of participation in the ROTC program. It is possible that students who join the ROTC program and those in the general college population have different beliefs about psychological services prior to entering college. These beliefs may have even indirectly led to their desire to join a program such as ROTC, as they may have wanted to

join a group with members similar to themselves. It would be beneficial to know if the observed differences found in this study are the result of participation in the ROTC program or some other factor. Unfortunately, due to the design of this study, this information was unobtainable.

A fifth limitation of this study was that only one scale was used to measure the beliefs about psychological services held by the participants. Although this scale has been shown to have both high reliability and validity, the inclusion of a second questionnaire may have provided more information. This second scale may have been used to also measure the beliefs about psychological services of the participants so that the results of the two questionnaires could be compared.

Similarly, another limitation of the study, as a result of only using one questionnaire, was that no information was directly collected as to how to improve the beliefs about psychological services held by students in the ROTC program. Although the study was able to find significant differences on three important subscales, this information does not provide a route to improve the services for ROTC students. For example, the results of this study provided evidence that students in the ROTC program are likely to have lower intentions to seek psychological services in the future even during a time of a difficult crisis. Although this information is important, it does not state what methods should be used to increase the chances these individuals will seek necessary help.

Recommendations for Future Research

This study is the first known study that has directly measured the beliefs about psychological services held by ROTC students, and thus its implications and conclusions

must be interpreted with caution until further replicated. One vital recommendation for future research is to replicate the findings observed in this study. Whenever a study focuses on an area with little past research, it is important for future studies to replicate the findings. It is possible that due to the limitations discussed previously, the findings in this study are not an accurate representation of the true relationship between ROTC participation and beliefs about psychological services. Future studies should focus on replicating these findings, while addressing the limitations of this study.

Future studies should also use a more diverse sample, which will allow the results to generalize to a greater percentage of the population. Researchers should seek to use participants from throughout the United States, and include both public and private universities. Including these participants will allow the results to generalize to multiple cultures and socioeconomic levels. In addition, researchers should pay careful attention to observe if individuals from different regions or schools are systematically different from the results found in this study. If different results are found, it is then important for future researchers to analyze what variables may lead to the development of the differences in beliefs about psychological services.

Another suggestion for future research is to incorporate a longitudinal design that would assess the beliefs about psychological services of high school students interested in the ROTC program as well as a random sample of high school students planning on attending college. The study would then seek to measure the beliefs about psychological services of the participants periodically throughout their college career. Such a study design would provide valuable information regarding the impact that the ROTC program directly has on the beliefs about psychological services of participating students. In

addition, the study may seek to include a measure of traditional masculine ideology, as this variable may potentially explain the relationship between ROTC students and lower levels of beliefs about mental health services. For example, results may indicate that individuals who enroll in ROTC may be more likely to hold strong preexisting views in favor of the traditional masculine ideology. If this were the case, then this may explain the findings of this study as studies have found that this variable is associated with less favorable beliefs about psychological services.

Perhaps the most important recommendation for future research, is the need to explore ways to improve positive beliefs about psychological services in the ROTC population. This study laid a foundation for future studies by showing that students in ROTC may have different beliefs about counseling than students in the general college population. However, it is essential for future researchers to develop and implement methods that can lead to increased help seeking from ROTC students. Since it appears that students in the ROTC program have lower levels of stigma tolerance, future methods may seek to incorporate strategies designed to decrease the stigma associated with counseling. Researchers should also seek to use methods, such as psycho-education to inform students in the ROTC program of the benefits that may derive from seeking necessary mental health services, with the intention on increasing ROTC students' perceived expertness of counselors. If the results of this study are correct, then it is essential for mental health practitioners to develop ways to increase the favorability of the beliefs about psychological services of ROTC students as this is a population that may be at increased need.

Implications for Counselors

The results of this study emphasize the need of counselors in the recruitment of ROTC students to seek counseling. Mental health practitioners need to develop innovative programs to increase the likelihood of ROTC students seeking necessary counseling. It appears that students involved in the ROTC program are less likely to seek mental health services, as evidenced by the significantly lower scores on the Intent subscale of BAPS. The difficulty of obtaining enough ROTC students to participate in this study, also provide evidence to the fact that it may be difficult to get these individuals to seek counseling even when it is needed. Recent research in the military has suggested that in order to decrease the stigma associated with counseling, it is necessary to present mental health treatment in a way that is in alignment with the military culture. Mental health practitioners should attempt to familiarize themselves with the ROTC culture, and at times may want to participate in activities in order to establish a rapport with ROTC students (Bryan & Morrow, 2011). It appears that these steps may help to reduce the stigma associated with counseling, and increase the likelihood that ROTC students will obtain counseling when necessary.

Mental health professionals should also make changes in the way that counseling services are provided to ROTC students. Practitioners should be careful not to use words such as “symptoms” and “disorders” and instead opt to use positive language that focuses on building the strength of the soldier. Whenever possible, counseling services should be provided in close proximity to the location of the ROTC program where students are likely to feel more comfortable. Mental health practitioners should also whenever necessary seek to use interventions that might be more effective when delivered outside

traditional clinics, in such environments as firing ranges. Mental health professionals should abandon the use of traditional mental health language, and instead use language that is consistent with the ROTC culture. Practitioners should introduce psychological skills as “job skills” that are designed to increase performance. For example, past mental health practitioners have effectively worked to help soldiers develop the ability to use deep breathing not by introducing it as a new mental health relaxation technique, but rather by taking the pre-existing concept of controlled breathing used in marksmanship and expanding upon the “job skill” to address a wider spectrum of health-related variables (Bryan & Morrow, 2011). Although these interventions are in stark contrast to the mental health services that are currently being provided to ROTC students, these new interventions are likely to be more effective as they seek to tailor counseling around the unique ROTC culture.

Summary

This study was designed to look at the beliefs about psychological services of students participating in the ROTC program. It was hypothesized that these students would have less favorable beliefs regarding mental health services than students in the general college population. Results of the study found that ROTC students had significantly lower scores on the Expertness, Stigma Tolerance, and Intent subscales of BAPS. These results provide evidence that students in the ROTC program are less likely to seek mental health services, even when these services are necessary. This is particularly alarming, as these individuals may have a greater need for mental health services than students in the general college population due to additional stressors as a result of their involvement with the military. Although this study is a step in the right

direction, future research is needed to replicate the findings of this study as well as develop innovative programs to increase the likelihood of ROTC students seeking mental health services. In the mean time, mental health practitioners need to make significant changes to the way they provide mental health services to ROTC students. Attempts need to be made on the part of practitioners to provide mental health treatment using the cultural norms that are found in the ROTC program. In order for these future leaders in the United States military to obtain the mental health treatment that they deserve, it will take the collective work of dedicated researchers and mental health practitioners for years to come.

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Appendix A

Informed Consent

Study Title Beliefs about Psychological Services Held by the Reserve Officers’

Training Corps Population

Study Purpose and Rationale

The purpose of this research project is to examine the beliefs about psychological services held by members of the general college student and ROTC populations. Findings from this study may help mental health practitioners to more effectively recruit ROTC students to come to counseling and more efficiently treat those students who do seek mental health treatment.

Inclusion/Exclusion Criteria

To be eligible to participate in this study, you must be between the ages of 18 and 25, and be currently enrolled as a university student.

Participation Procedures and Duration

For this project, you will be asked to complete a questionnaire about your current beliefs about psychological services. It will take approximately 10 minutes to complete the questionnaire.

Data Confidentiality or Anonymity

All data will be maintained as anonymous and no identifying information such as names will appear in any publication or presentation of the data. There will be no way to match a student’s identity with their results from the questionnaire.

Storage of Data

The data will be entered into a software program and stored on the researcher’s password-protected computer for a maximum of two years and then deleted. Only members of the research team will have access to the data.

Risks or Discomforts

The only anticipated risk from participating in this study is that you may not feel comfortable answering some of the questions. You may choose not to answer any question that makes you uncomfortable and you may quit the study at any time.

Who to Contact Should You Experience Any Negative Effects from Participating in this Study

Should you experience any feelings of anxiety, there are counseling services available to you through the University Counseling Center of the school that you currently attend.

Benefits

One benefit you may gain from participating in this study may be a better understanding of your current beliefs about psychological services. You may also choose to enter the raffle for a chance at one of five 10-dollar online Amazon gift certificates by entering your email at the conclusion of the study.

Voluntary Participation

Your participation in this study is voluntary and you are free to withdraw your permission at anytime for any reason without penalty or prejudice from the investigator. Please feel free to ask any questions of the investigator at any time during the study.

IRB Contact Information

For one's rights as a research subject, you may contact the following: Research Compliance, Sponsored Programs Office, Ball State University, Muncie, IN 47306, (765) 285-5070, irb@bsu.edu.

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Appendix B

Instructions: Please rate the following statements using the scale provided. Place your ratings to the left of each statement by recording the number that most accurately reflects your attitudes and beliefs about seeking psychological services. There are no “wrong” answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

Strongly Disagree		Agree		Strongly	
1	2	3	4	5	6

- ___ 1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist.
- ___ 2. I would be willing to confide my intimate concerns to a psychologist.
- ___ 3. Seeing a psychologist is helpful when you are going through a difficult time in your life.
- ___ 4. At some future time, I might want to see a psychologist.
- ___ 5. I would feel uneasy going to a psychologist because of what some people might think.
- ___ 6. If I believed I were having a serious problem, my first inclination would be to see a psychologist.
- ___ 7. Because of their training, psychologists can help you find solutions to your problems.
- ___ 8. Going to a psychologist means that I am a weak person.
- ___ 9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.
- ___ 10. Having received help from a psychologist stigmatizes a person's life.
- ___ 11. There are certain problems that should not be discussed with a stranger such as a psychologist.
- ___ 12. I would see a psychologist if I were worried or upset for a long period of time.
- ___ 13. Psychologists make people feel that they cannot deal with their problems.
- ___ 14. It is good to talk to someone like a psychologist because everything you say is confidential.
- ___ 15. Talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
- ___ 16. Psychologists provide valuable advice because of their knowledge about human behavior.
- ___ 17. It is difficult to talk about personal issues with highly educated people such as psychologists.
- ___ 18. If I thought I needed psychological help, I would get this help no matter who knew I was receiving assistance.

Appendix C

Greetings:

My name is Matthew Jackson and I am a second-year masters student in the Counseling Psychology Program at Ball State University. I am in the process of collecting data for my thesis, which is on comparing the beliefs about psychological services of students in the general college population with those of college students enrolled in the ROTC program, and am writing to ask you to assist in recruiting participants for the study. The study is a short 18 item questionnaire which will be completed online, with no perceived risks associated with participation. If you could please inform the students in the classes that you teach of this opportunity, it would be tremendously helpful. Participation is open to students between the ages of 18-25 years old, and takes approximately 10 minutes to complete. Students who participate have the option to enroll in a raffle for one of five online gift cards to Amazon.com. If you have any additional questions regarding the study please feel free to ask at any point in time. In addition, if you are interested I can inform you of the results at the conclusion of the study.

Thank you in advance for your help.

Matthew S. Jackson, BA
Ball State University Graduate Student

Appendix D

Please select the sex to which you identify:

☐ Male
☐ Female

What is your current age?

☐ 18
☐ 19
☐ 20
☐ 21
☐ 22
☐ 23
☐ 24
☐ 25

Please select the ethnic group(s) that you most identify with (you may select more than one):

☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black
☐ Caucasian
☐ Hispanic
☐ Other

What is your current grade level?

☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate Student

What University do you currently attend?

☐ Ball State University

- ☐ Indiana State University
- ☐ Indiana University-Bloomington
- ☐ Indiana University-Purdue University-Indianapolis
- ☐ Purdue University-West Lafayette
- ☐ Other

Have you received counseling previously?

- ☐ Yes, on more than one occasion
- ☐ Yes, but only on one occasion
- ☐ No, I have never received counseling

What is your college major?

- ☐ Business (i.e. Accounting, Economics, Management)
- ☐ Humanities (i.e. English, Foreign Language, History)
- ☐ Military Science
- ☐ Music
- ☐ Natural Sciences (i.e. Biology, Chemistry, Physics)
- ☐ Psychology
- ☐ Social Work
- ☐ Other
- ☐ Undecided

If you are currently enrolled in the ROTC program, how many years have you been a member of ROTC? (Do not include JROTC in your total)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4

If you have previously been a member of JROTC, how many years were you a member?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

____ More than 4

Have you ever served in the military?

____ Yes

____ No

If you have served in the military, what branch of the armed forces did you serve?

____ Air Force

____ Army

____ Coast Guard

____ Marines

____ National Guard

____ Navy

Do you have members of your immediate family (i.e. parent, sibling, child, spouse) serving in the military?

____ Yes

____ No

If you have had a family member serve in the military, what is your relationship with that family member?

____ Brother

____ Daughter

____ Father

____ Mother

____ Sister

____ Son

____ Spouse/Romantic Partner

____ Other

If you have had a family member serve in the military, what branch of the armed forces did they serve?

____ Air Force

____ Army

____Coast Guard
____Marines
____National Guard
____Navy

Appendix E

Thank you for your participation in this study. The purpose of this research project is to examine the beliefs about psychological services held by members of the general college student and ROTC populations. Findings from this study may help mental health practitioners to more effectively recruit ROTC students to come to counseling and more efficiently treat those students who do seek mental health treatment. If you should have any questions about the study, or would like to obtain the results at the conclusion of the study, please contact the primary researcher. The primary researcher is Matthew Jackson, and his email address is msjackson@bsu.edu.

For those students who would like the opportunity to enter the raffle for one of five 10-dollar online gift cards to amazon.com, please send an email to msjackson@bsu.edu with a statement that you would like to enter the raffle.

For those students who would like to earn 1 hour of CPSY research credit, please send an email to msjackson@bsu.edu stating your desire to obtain research credit and clearly reporting the name of your instructor.

Thank you again for your time and contribution to this study.

Researcher Contact Information

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Appendix F

Greetings:

My name is Matthew Jackson and I am a second-year masters student in the Counseling Psychology program at Ball State University. I am in the process of collecting data for my thesis, which examines the beliefs about psychological services held by members of the general college student and ROTC populations, and am writing to ask you to assist me in recruiting participants for the study. The study is a short 18-item questionnaire, which will be completed online, with no perceived risks associated with participation. If you could please inform the students in the classes that you teach of this opportunity, it would be tremendously helpful. Participation is open to students between the ages of 18-25 years old, and takes approximately 10 minutes to complete. Students who participate are able to obtain one hour of CPSY research credit, and have the option to enroll in a raffle for one of five 10-dollar online gift cards to amazon.com. If you have any additional questions regarding the study, please feel free to ask at any point in time. In addition, if you are interested I can inform you of the results at the conclusion of the study.

Here is the link for the questionnaire. (Insert link)

Thank you in advance for your help.

Matthew S. Jackson, BA
Ball State University Graduate Student

Appendix G

Please select the sex to which you identify:

☐ Male
☐ Female

What is your current age?

☐ 18
☐ 19
☐ 20
☐ 21
☐ 22
☐ 23
☐ 24
☐ 25

Please select the ethnic group(s) that you most identify with (you may select more than one):

☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander
☐ Black
☐ Caucasian
☐ Hispanic
☐ Other

What is your current grade level?

☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate Student

What University do you currently attend?

☐ Ball State University

- ☐ Indiana State University
- ☐ Indiana University-Bloomington
- ☐ Indiana University-Purdue University-Indianapolis
- ☐ Purdue University-West Lafayette
- ☐ Other

Have you received counseling previously?

- ☐ Yes, on more than one occasion
- ☐ Yes, but only on one occasion
- ☐ No, I have never received counseling

What is your college major?

- ☐ Business (i.e. Accounting, Economics, Management)
- ☐ Humanities (i.e. English, Foreign Language, History)
- ☐ Military Science
- ☐ Music
- ☐ Natural Sciences (i.e. Biology, Chemistry, Physics)
- ☐ Psychology
- ☐ Social Work
- ☐ Other
- ☐ Undecided

If you are currently enrolled in the ROTC program, how many years have you been a member of ROTC? (Do not include JROTC in your total)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4

If you have previously been a member of JROTC, how many years were you a member?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4

____ More than 4

Have you ever served in the military?

____ Yes

____ No

If you have served in the military, what branch of the armed forces did you serve?

____ Air Force

____ Army

____ Coast Guard

____ Marines

____ National Guard

____ Navy

Do you have members of your immediate family (i.e. parent, sibling, child, spouse) serving in the military?

____ Yes

____ No

If you have had a family member serve in the military, what is your relationship with that family member?

____ Brother

____ Daughter

____ Father

____ Mother

____ Sister

____ Son

____ Spouse/Romantic Partner

____ Other

If you have had a family member serve in the military, what branch of the armed forces did they serve?

____ Air Force

____ Army

- ☐ Coast Guard
- ☐ Marines
- ☐ National Guard
- ☐ Navy

Have you already completed this questionnaire online?

- ☐ Yes
- ☐ No

[illegible]

Appendix I

Greetings:

My name is Matthew Jackson and I am a second-year masters student in the Counseling Psychology program at Ball State University. I am in the process of collecting data for my thesis, which examines the beliefs about psychological services held by members of the general college student and ROTC populations, and am writing to ask you to assist me in recruiting participants for the study. If you would be willing to spare 10 minutes of class time, or if you would allow me to come at the end of class, I would gladly bring in pizzas for those who wish to participate by taking the questionnaire. The study is a short 18-item questionnaire, which can be completed in class on paper copies, and has no perceived risks associated with participation. Participation is open to students between the ages of 18-25 years old, and takes approximately 10 minutes to complete. Students who participate will also have the option to enroll in a raffle for one of five 10-dollar online gift cards to amazon.com. If you have any additional questions regarding the study, please feel free to ask at any point in time. In addition, if you are interested I can inform you of the results at the conclusion of the study.

If you are interested in having me come to your class to provide pizzas, and administer questionnaires, please email me at msjackson@bsu.edu. I would need you to provide me with a date and time that you would like me to come, as well as an approximate head count so that an adequate number of pizzas can be provided. To obtain the best head count possible, please ask students in your course if they would be interested in participating in the study, prior to sending me an email.

Thank you in advance for your help.

Matthew S. Jackson, BA
Ball State University Graduate Student

Appendix J

Greetings:

My name is Matthew Jackson and I am a second-year masters student in the Counseling Psychology program at Ball State University. I am in the process of collecting data for my thesis, which examines the beliefs about psychological services held by members of the general college student and ROTC populations, and am writing to ask you to assist me in recruiting participants for the study. The study is a short 18-item questionnaire, which will be completed online, with no perceived risks associated with participation. If you could please forward this email to veterans that are currently enrolled in Ball State University classes, it would be tremendously helpful. Participation is open to students between the ages of 18-25 years old, and takes approximately 10 minutes to complete. Students who participate have the option to enroll in a raffle for one of five 10-dollar online gift cards to amazon.com. If you have any additional questions regarding the study, please feel free to ask at any point in time. In addition, if you are interested I can inform you of the results at the conclusion of the study.

Here is the link for the questionnaire. (Insert link)

Thank you in advance for your help.

Matthew S. Jackson, BA
Ball State University Graduate Student